

### WHEN THE DOCTOR COMPETES WITH HIMSELF

(Read, approved and ordered published by the Executive Committee of the C. M. A.)

Even in the old days when "free clinics" were not overly numerous and were usually operated as departments of great metropolitan hospitals, doctors frequently met some of their private patients in the clinics. If these patients were perfectly able to pay—as many of them were—the doctor was likely to be a little peevish. Sometimes the patients were decent enough to express a sense of shame over the situation, but a certain number of them took the attitude that they considered it a good joke to beat the doctor out of a merited fee.

The recent rapid expansion of so-called free clinics, health centers, and other agencies for the care of ambulatory patients has intensified the problem of to what extent a doctor should compete with himself in services rendered to the same patient in his office, on the one hand, and in a "free clinic" or one where the fees go to other purposes, on the other hand. Formerly, the inherent injustice and dangers of situations like this were fairly well controlled because the hospitals co-operated in some degree with the physicians who usually were members of the hospital staff.

During the last five years, these misnamed "free clinics" have grown in California, for example, from less than 100 to more than 1000, and it's a cold, rainy day when we don't add another. With this mushroom growth have come new problems, as well as the accentuation of old ones. The clinics now invade every cross-roads, and are under the control of a wide variety of interests, including national, Sheppard-Towner, state and local government bureaus, and welfare groups of every class. *Very few of the clinics are under medical control.* In many of them physicians are only tolerated, and in some they are not even a factor. Whenever they are invited, they usually give their services freely, and this is most often the only free thing about the clinics. Physicians do resent somewhat the expensive competition between these alleged free clinics—free alike to rich and poor—and those educated and licensed to treat the sick. But what they resent much more than this is the foolish competition between the various government bureaus and other non-medical agencies who operate clinics, and consequently between the clinics themselves. In order to "get business," many of them offer free alike to rich and poor the services of whatever group of doctors they invite to assist them. They go out and beat the bushes in efforts to get more and more business, and they play up the propaganda of fear of disease and utilize all the other methods that would appeal to the world of morons they say we are. *In some of the smaller communities in California there are more clinics than there are doctors.* Some of the doctors complain (confidentially) to their organizations that so much of their time is claimed free by this or that group of clinicers that they have not enough time for needed office visits and calls to such patients as the competing clinics with their *free service to all* and their bush-beating campaigns have left them.

These doctors feel that they would much rather give their time free to the poor in their offices and homes as they always have done. But they cannot well refuse to place their time at the disposition of those conducting clinics because of the possible effect upon them in the private practice of their profession. Some fine, educated physicians are giving up their practices because of the unfair competition of subsidized misnamed free clinics which in effect require the doctors to compete with themselves. A doctor who has been in active general practice for over thirty years in one of these smaller centers told the editor recently that he was planning to give up his work and buy a small farm. He is an educated physician who assisted a considerable percentage of the citizens of his community into the world, has taken care of them all their lives, and felt that they were his friends. He now finds that clinics and health centers, largely supported by taxation and private organizations, are taking care of many of his patients *who are better off financially than he is.* The things the clinics won't do, such as night calls, serious problems in homes, service on holidays, etc., are left to him. The principal clinic this man objects to is subsidized by tax money, carries advertisements in the local papers, extolling the superior virtues of the free clinics, has a flock of home-visiting promoters paid salaries from tax money, and more than half the patients ride to the clinic in automobiles. To add insult to injury, a small town tributary to this clinic criticizes the medical profession because their only "family doctor" has moved away and they cannot get another one.

Is this situation exceptional, you ask? Not a bit of it, except that this place has progressed further along the road than most of the smaller centers; and others not so small are traveling in California and to a less extent elsewhere. At the rate we are traveling on alleged roads to health in California, we could, in another five years, put a roof over the state and have plenty of "health experts" to operate it as a vast sanitarium.

### WHEN A STATE PUTS THE STAMP OF APPROVAL UPON MIDWIVES

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There is no medical service which requires greater knowledge, more intense preparation for meeting emergencies, or which is so worrying, or soul, mental and body-trying to the intelligent physician as that of assisting the mother and baby during the trying period of childbirth.

After the student of medicine has spent two or more years in cultural college work; after he has spent four years in an undergraduate medical school doing dissection, laboratory work and study; after he has completed one or more years of internship in large hospitals, and has been then awarded his degree of doctor of medicine; and after he has spent one or more years of apprenticeship with some experienced physician, he is presumably prepared to practice medicine. He is prepared to do his safe best with a certain amount of poise and equanimity in most problems that are likely to confront him. The one service in which he still does not feel fully com-